



Saint Philip Parish Middle School Youth Activity

Pumpkin Run & The Haunted Labyrinth

Saturday, October 26, 2019 * 6:30 PM – 9:00 PM

Cost: \$10 Per Young Person



Detach and return permission slip with payment to Religious Ed Mailbox/School by Friday, October 18th

PARENT/LEGAL GUARDIAN PERMISSION SLIP AND INDEMNITY AGREEMENT

Your son/daughter is eligible to participate in a youth ministry sponsored activity that requires permission. This activity will take place under the guidance and supervision of employees/volunteers from the Parish of Saint Philip, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence. A brief description of the activity is as follows:

Type of Activity: Middle School Youth Activity
Description: Pumpkin Run & The Haunted Labyrinth
Date & Time of Activity: Saturday, October 26th
Method of Transportation: Car: We are in need of adult drivers.
Cost: \$10 per young person

I would like my child, _____, to participate in this youth ministry sponsored activity. As parent or legal guardian, I agree to defend and fully indemnify the Parish of Saint Philip, the Catholic Youth Organization of the Diocese of Providence and the Roman Catholic Bishop of Providence against any claim which may result from any personal actions taken by my child.

I hereby consent to participation by my above-named child in the activity described above. I certify that I have an understanding of this agreement and the activity described above that my child will be participating in.

Parent/Legal Guardian Signature _____ Date _____

Address: _____

Telephone Numbers: (H) _____ (C) _____ Email: _____

Child's Allergies/Health Concerns: _____

EMERGENCY MEDICAL TREATMENT: In the event of any emergency, I give permission to transport my child to a hospital for emergency medical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Name: _____ Phone Number: _____